

AUG 12 2008

**FAX TRANSMISSION****DATE:** August 12, 2008**PTO IDENTIFIER:** Application Number 10/821,805-Conf. #9064  
Patent Number**Inventor:** Henrik Stender**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP  
Jonathan M. Sparks, Ph.D.**PHONE:** (617) 517-5543**Attorney Dkt. #:** 58418CIP(48497)**PAGES (Including Cover Sheet):** 19

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PTO/SB/97 (09-04)

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Application No. (if known): 10/821,805

Attorney Docket No.: 58418CIP(48497)

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Fee Transmittal (1 page)

Amendment Transmittal (1 page)

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Request for Continued Examination Transmittal (1 page)

Amendment After Final Action And Request For Continued Examination  
(13 pages)

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## FEE TRANSMITTAL

### For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> 465.00
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<b>Complete if Known</b>	
Application Number	10/821,805-Conf. #9064
Filing Date	April 8, 2004
First Named Inventor	Henrik Stender
Examiner Name	D. B. Johannsen
Art Unit	1834
Attorney Docket No.	58418CIP(48497)

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

0 - 20 = 0 x 25.00 = 0.00

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

0 - 3 = 0 x 105.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...	405.00
2251 Extension for response within first month	60.00
<b>Fees Paid (\$)</b>	

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	Telephone
	53,624	(617) 517-5543
Name (Print/Type)	Date	
Jonathan M. Sparks, Ph.D.	August 12, 2008	

BOS2 680702.1

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 58418CIP(48497)	
Application No. 10/821,805-Conf. #9084		Filing Date April 8, 2004		Examiner D. B. Johannsen	
				Art Unit 1634	

Applicant(s): Henrik Stender

Invention: PEPTIDE NUCLEIC ACID PROBES FOR DETECTION, IDENTIFICATION AND/OR QUANTITATION OF PSEUDOMONAS (SENSU STRICTO)

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	0	- 20 =	0	x	25.00	0.00
Independent Claims	0	- 3 =	0	x	105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): One Month Request for Extension of Time Request for Continued Examination						60.00 405.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						

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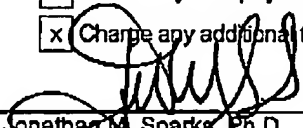
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☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: August 12, 2008

  
Jonathan M. Sparks, Ph.D.  
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